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REQUEST

FOR

CONTINUED EXAMINATION (RCE) TRANSMITTAL

Address to: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Application Number	10/743,721
Filing Date	December 24, 2003
First Named Inventor	Cheng-Yi LU
Art Unit	2835
Examiner Name	BIJU INDIRA CHANDRAN
Attorney Docket Number	4006-279

This is a Request for Continued Examination (RCE) under 37 C.F.R. §1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 C.F.R. §1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

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1.	1. Submission required under 37 C.F.R. §1.114																
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The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed. The Director is hereby authorized to charge any deficiency in the following fees, or credit any overpayments, to Deposit Account No. 07-1337 RCE fee required under 37 C.F.R. § 1.17(e) - \$790.00 RCE fee required under 37 C.F.R. §\$1.136 and 1.17) - \$5/17/2996-TL0111 \$8898924 19743721 The Director is hereby authorized to charge any deficiency in the following fees, or credit any overpayments, to Deposit Account No. 07-1337 RCE fee required under 37 C.F.R. § 1.17(e) - \$790.00 RCE fee required under 37 C.F.R. §\$1.136 and 1.17) - \$790.00 RCE fee required under 37 C.F.R. § 1.17(e) - \$790.00 RCE fee required by 37 C.F.R. § 1.114 when the RCE is filed.																	
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Name (Print/Type) Benjamin & Hauptman Registration No. (Attorney/Agent) Signature Date May 16, 2006								nt) 2	9,310								
\geq	CERTIFICATE OF MAILING OR TRANSMISSION																
l he an d Tra	I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner For Patents, Box RCE, Alexandria, VA 22313-1450, or facsimile transmitted to the U.S. Patent and Trademark Office on the date shown below.																
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